State Tracking No.: PF-2011-00828

PPO Response #1

SMALL GROUP PPO and OOA PRODUCT DESCRIPTIONS

PPO: The small group PPO (Preferred Provider Organization) product provides enrollees access to care through either a participating provider network (PHCS) or any licensed provider/facility of their choice. Kaiser Permanente Choice Solution PPO plan is available to small employers through the CalChoice exchange program.

HSA PPO: The small group HSA plan is a PPO plan with the additional feature that it is a high deductible plan designed to be a federally qualified High Deductible Health Plan (HDHP) compatible with Health Savings Accounts (HSA's) in accordance with the Medicare Prescription Drug, Improvement and Modernization Act of 2003, as then constituted or later amended Kaiser Permanente Choice Solutions PPO with HAS plan is available to small employers through the CalChoice exchange program.

OOA: The Kaiser Permanente Choice Solution Out-of-Area (OOA) Indemnity Plan provides enrollees access to care from any licensed provider of their choice. It is offered to small employers with employees living outside the Kaiser Permanente service area where there is not adequate PHCS network coverage. Kaiser Permanente Choice Solution OOA plan is available to small employers through the CalChoice exchange program.

Plan Description	PPO 40/1000		PPO 40/2500 w/HSA		KPCS PPO 20/500 (30/500)		KPCS PPO 40/2200 w/HSA		KPCS OOA Indemnity
Calendar Year	Participating	Non	Participating	Non	Participating	Non	Participating	Non	
Deductible	Provider	Participating	Provider	Participating	Provider	Participating	Provider	Participating	
		Provider		Provider		Provider		Provider	
	\$1,	000	\$2,500	\$3,500	\$500	\$750	\$2,200	\$3,200	\$500
Individual	. ,			. ,					
Family 2-	\$2,000		\$5,000	\$7,000	\$1,000	\$1,500	\$4,400	\$6,400	
member			·						\$1,000
Family 3	N/A		N/A	N/A	\$1,500	\$2,250	N/A	N/A	
or more									\$1,500
Maximum	None	\$5,000,000	None	\$5,000,000	None	\$5,000,000	None	\$5,000,000	
Benefit While									
Insured									None
Calendar Year									
Out of Pocket									
Maximum									
Individual	\$5,000	\$10,000	\$5,000	\$10,000	\$2,000	\$6,000	\$4,000	\$8,000	\$1,500
Family 2-	\$10,000	\$20,000	\$10,000	\$20,000	\$4,000	\$12,000	\$8,000	\$16,000	
member									\$4,500
Family 3	N/A	N/A	N/A	N/A	\$6,000	\$18,000	N/A	N/A	
or more									N/A
Inpatient	70%	50%	70%	50%	80%	50%	70%	50%	70%, Subject

Hospital Care		Subject to a daily Benefit Maximum of \$600)		Subject to a daily Benefit Maximum of \$600)	(Subject to a per admission deductible of \$250)	(Subject to a per admission deductible of \$500)		Subject to a daily Benefit Maximum of \$600)	to a per confinement deductible of \$500
Office Visits	\$40 Copayment Deductible waived 2	50% Deductible waived	40 Copayment	50%	\$30 Copayment Deductible waived 2	50% Deductible waived	\$40 Copayment	50%	\$25 deductible per visit then Maximum Allowable Charge ^{2,} Deductible waived
Preventive Care Required by PPACA	No Charge Deductible waived	50% Deductible waived	No Charge Deductible waived	50% Deductible waived	No Charge Deductible waived	50% Deductible waived	No Charge Deductible waived	50% Deductible waived	No Charge Deductible waived
Adult Routine Physical Exams	No Charge Deductible waived	Not Covered	No Charge Deductible waived	Not Covered	No Charge Deductible waived	Not Covered	No Charge Deductible waived	Not Covered	No Charge Deductible waived
Outpatient Surgery	70%	50% Benefit Maximum of \$400 per procedure	70%	50% Benefit Maximum of \$400 per procedure	80%	50%	70%	50% Benefit Maximum of \$400 per procedure	70%
Xray and Lab Services	70%	50%	70%	50%	80% 2	50%	70%	50%	70%
Emergency Services	70% (subject to a \$100 copayment per visit, waived if admitted)	50% (subject to a \$100 copayment per visit, waived if admitted)	70% (subject to a \$100 copayment per visit, waived if admitted)	70% (subject to a \$100 copayment per visit, waived if admitted)	80%	80%	70% (subject to a \$100 copayment per visit, waived if admitted)	70% (subject to a \$100 copayment per visit, waived if admitted)	70%
Outpatient Prescription			,	,			,	,	

Drugs									
Generic	\$15 Copayment per prescription Deductible waived	Not Covered	\$15 Copayment per prescription	Not Covered	\$15 Copayment per prescription Deductible waived	Not Covered	\$15 Copayment per prescription	Not Covered	\$15 Copayment Deductible waived
Brand/ Brand Formulary	\$35 Copayment per prescription Deductible waived	Not Covered	\$35 Copayment per prescription	Not Covered	\$40 Copayment per prescription Deductible waived	Not Covered	\$35 Copayment per prescription	Not Covered	\$40 Copayment Deductible waived
Non Formulary	N/A		N/A		\$60 Copayment per prescription Deductible waived	Not Covered	N/A		N/A
Brand Prescription Drug Deductible	\$200 per Calendar Year		None		\$250 per Calendar Year		None		None